



Membership-at-Large

I hereby apply as a member at large of the California Federation of Teachers, AFT, AFL-CIO. Enclosed is a check for 2009-10 annual dues as indicated below:

- Full-time employees:** gross salary over \$26,000 per year, **\$377.04**
- Part-time, substitute, and other employees:** gross salary \$26,000 or less per year, **\$192.14**
- Part-time, substitute, and other employees:** gross salary \$18,000 or less per year, **\$99.65**
- Part-time, substitute, and other employees:** gross salary \$12,000 or less per year, **\$77.42**
- Under an agency fee contract where there is no existing AFT local, \$120.63**
- On unpaid leave: \$24.00**
- Retired from an AFT local: (No dues)**

PLEASE PRINT

Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____

Telephone _____ Email _____

Employer _____

Position/classification _____

(If applicable) Formerly a member of AFT Local (number) _____

Signature

Date

- Please check here if you wish to be informed of CFT activities and conferences of the:
 - Early Childhood/K-12 Council**
 - Community College Council**
 - Council of Classified Employees**
 - University Council**
 - Please deduct the dues from my checking:
 - Monthly**
 - Tenthly**
- (Don't forget to fill-out the attached form.)**

Return with a check for the full amount to CFT * 2550 North Hollywood Way, Suite 400 * Burbank, California 91505 * 818-843-8226 or if paying monthly sign-up for automatic payments

AUTOMATIC PAYMENT METHOD

Automatic Bank Payment

- A. Your dues will be automatically deducted from your personal checking account each month.
- B. This automatic method is good for Banks, Savings and Loans, and certain Credit Unions in California.
- C. **Please attach your personal check with “Void” written across it.**
- D. Please send your check for past dues (if any) and return this signed authorization in the enclosed envelope.

I hereby authorize the CFT to initiate a withdrawal from my personal checking account each month for \$_____ (monthly amount of dues) for 10 – 12 (circle one) months. I hereby authorize the CFT to increase, decrease, or change this withdrawal from my bank or financial institution to conform to any change in the AFT local dues rate.

I understand that I may cancel this authorization at any time by notifying the CFT at:

2550 N. Hollywood Way, Suite 400, Burbank, CA 91505

Name _____
(Print your name as it appears on your account)

_____ AFT Local and Number

E-Mail _____ Telephone _____

Signature

Date